Docket No.

242583US2RDCONT/mka

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:

Hiroyuki IBE, et al

SERIAL NO:

10/666,251

GAU:

FILED:

September 22, 2003

EXAMINER:

FOR:

APPARATUS AND METHOD FOR OPTICAL MODULATION

INFORMATION DISCLOSURE STATEMENT UNDER 37 CFR 1.97

COMMISSIONER FOR PATENTS ALEXANDRIA, VIRGINIA 22313

SIR:

Applicant(s) wish to disclose the following information.

REFERENCES

The applicant(s) wish to make of record the references cited in the attached European Search Report listed on the
attached form PTO-1449. Copies of the listed references are attached, where required, as are either statements of
relevancy or any readily available English translations of pertinent portions of any non-English language
references.

☐ A check or credit card payment form is attached in the amount required under 37 CFR §1.17(p).

RELATED CASES

	Attached is a list of applicant's pending application(s) or issued patent(s) which may be related to the present						
	application. In accordance with discussions on August 4, 2004 with Mr. Nicholas P. Godici, Commissioner						
	for Patents, it is no longer required to submit copies of cited pending applications. A modification of the						
	Rules will be published soon in the Official Gazette. Cited issued patents, if any, are listed on the attached PTC						
	form 1449.						

A check or credit card payment form is attached in the amount required under 37 CFR §1.17(p).

CERTIFICATION

- ☐ Each item of information contained in this information disclosure statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this statement.
- □ No item of information contained in this information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application or, to the knowledge of the undersigned, having made reasonable inquiry, was known to any individual designated in 37 CFR §1.56(c) more than three months prior to the filing of this statement.

DEPOSIT ACCOUNT

Please charge any additional fees for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to deposit account number <u>15-0030</u>. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

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INITIAL		TRATISCUMENT NUMBER	DATE	NAME	CLASS	CLASS	IF APPROPRIATE	:
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